

sentiment still exists among the medical officers of American institutions for the insane, as to the precise extent to which opiates should be carried, but by nearly all, we believe, they are regarded of importance, and by some, for a very considerable class of patients, as more valuable than all other medical remedies together. Much discrimination is unquestionably required in the selection of the cases in which they are desirable, and afterwards administering them in full doses for a sufficiently long period.

We agree with Dr. Hunt, that the rarity of post-mortem examinations in this country in fatal cases of insanity is a matter for great regret, and trust that gentlemen having hospitals for the insane under their care, will lose no suitable opportunity for these investigations, which must ultimately lead to important practical results.

Dr. H. has also added notes that will be read with interest, on the treatment of some of the varieties of insanity; on epilepsy; on the means of preventing suicide; and a history of the delusion of "Millerism," which, of late years, particularly in the northern sections of this country, has been a most fertile cause of insanity.

From a cursory examination, the translator appears to have executed his laborious task with fidelity; and to him and the liberal publishers the profession must feel under obligations for having placed within the reach of all, an English version of a standard work upon a most important, but heretofore too much neglected subject; a volume filled with sound principles and carefully observed facts, one which should be upon the shelves of every physician, and which can be read with pleasure and hardly be consulted without profit.

T. S. K.

ART. XXI.—*Twenty-fourth Annual Report of the Bloomingdale Asylum for the Insane.*
By PLINY EARLE, M. D., Physician to the Institution. New York, 1845: pp. 55.

THE Bloomingdale Asylum is a branch of the New York Hospital, located about six miles from the city of New York, and, from the interesting report before us, is in a highly flourishing condition. During the year 1844, 57 males and 49 females, a total of 106 patients, have been admitted into the institution, making the whole number under treatment during that period 206, of whom 110 were males and 96 females. During the same period, 102 patients were discharged or died, and of these, 50 are reported as *recovered*, 27 *improved*, 12 *by request*, (condition not stated,) and 13 died. Among the admissions, were several cases of *delirium tremens*, a disease which Dr. Earle very properly remarks "ought not to be classified with ordinary mental alienation," and which we have always thought ought not to be treated in the same establishment.

Of the 206 cases under care, 127 were mania, 35 melancholia, 39 dementia, 3 idiocy, and 2 moral insanity.

Of the supposed causes, those supposed to be *physical* amount to 113, while the *moral* are only 46, 47 of the whole number being registered as *unknown*.

Of the same number 107 were single, 78 married, and 21 widowed.

From the tenor of Dr. E.'s remarks, the premature removal of patients is a serious evil at Bloomingdale as well as at the generality of institutions, where the friends of patients pay their board, and where no authority exists to detain an individual longer than comports with the theoretical notions or is consonant with the feelings of friends who have little knowledge of the true nature of insanity or of the means required for its relief. We know of no way in which our professional brethren could do a greater service to the community than by impressing upon its members, that insanity is chronic in its character, and that a long course of treatment—protracted even to a year or more, may be requisite for the restoration of some, whose minds are afterwards perfectly sound during a long life.

On the subject of suicide Dr. E.'s remarks are sound and judicious. This class of patients gives more anxiety to the medical officers of insane hospitals than all others put together, and with all the precautions that can be taken accidents will occasionally occur.

Dr. E. repudiates the idea of placing such patients generally under corporeal restraint and for the very good reason, if there were not other weighty ones to be urged against the measure, that in many cases it would be quite ineffectual. In reference to the *medical treatment* of insanity, we entirely concur with Dr. Earle, "that the report of a public institution, intended as it is, for general readers, for persons mostly unconnected with the medical profession, is not a legitimate or appropriate organ through which to publish a detailed account of the subjects belonging to this department." We have never been able to understand, why the details of *medical treatment in insanity*—the different formulae employed, or dissertations on these subjects should be discussed in documents unquestionably more *popular* in their general character than the same matters when applied to fevers, to phthisis, or any other maladies. Such information is, or ought to be intended for the profession, and with great deference for the opinions of some who differ from us on this point, the medical journals of the country are the media through which it should be obtained.

During the past winter a course of lectures upon miscellaneous subjects has been given for the advantage of the patients and with very satisfactory results. We have no doubt that for hospitals of a particular description, lectures will be found the best and most popular mode of instruction for insane patients.

On the subject of restraint, Dr. E. believes with most American superintendents, that mechanical means are rarely required, but that "there are cases when the application of them is the most judicious course that can be pursued." We are gratified to learn that "the so called 'tranquilizing chairs,' which had for many years been among the means of restraint, were taken from the halls in April last, and neither of them has since been used."

Why this chair was called *tranquilizing*, we cannot imagine, for such an effect we never saw produced by it; in excessively rare cases it might be used with advantage, but it is so liable to abuse and to be used unnecessarily, that we feel confident it is better to banish it from all institutions for the insane. Of the means of restraint, Dr. E. regards "the *camisole*, the only distinguishing peculiarity of which is, that the sleeves are about twice the length of those of ordinary garments," "among the most simple, effectual, and least offensive to the patient."

An interesting historical notice of the provisions made for the insane by the corporation of the New York Hospital, follows, and the report concludes with tables of the produce of the farm and garden, meteorological observations and the form of register adopted at the asylum.

T. S. K.

ART. XXII.—*Dissertatio Obstetrica Inauguralis de Prolapsu Funiculi Umbilicalis. Auctore.—Joh. CHRIST. SAXTORPH. Medicus subsidiarius Nosocomii Fredericiani. Hauniae, MDCCCXL.*

An Inaugural Dissertation on Prolapsus of the Umbilical Cord.—By JOHN C. SAXTORPH, Subordinate Physician of the Frederick's Hospital. Copenhagen, 1840: 8vo., pp. 68.

FROM the statistics collected by the author of the present dissertation, who appears to have collated, with great industry, almost every thing that has been written upon the subject of prolapsus of the cord by the ancient and modern obstetrical authors,—compared with those given by Churchill, we find that the frequency with which this accident occurs, is rather less than four times in every thousand cases of labour. In two hundred and ninety-two cases, the prolapsus occurred in head presentations; in forty-two, in presentations of the head and extremities; in five, in presentation of the nates; in twenty, in presentations of the feet, and in twelve, of the arm or shoulder.

In 356 cases of labour complicated with prolapsus of the cord, collected by our author, the infants in 195 were born dead, and, in 355 cases given by Churchill, 220 of the children were lost. From the two sources we obtain the statistics of 463 cases of prolapse of the cord, in which 380 of the infants were born dead, being about 82 in the hundred, a larger mortality, as Churchill remarks, than we find in any other order of practicable labour.